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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 41714-8011.US03 / SHE0037.14																			
Application Number	10/647,561 - Conf. #3230	Filed	August 25, 2003																		
For Polymer Stabilized Neuropeptides																					
Art Unit 1654	Examiner	Heard, Thomas Sweeney																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$460</td><td>\$230</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1050</td><td>\$525</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1640</td><td>\$820</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2230</td><td>\$1115</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge fees in this application to Deposit Account Number <u>50-2207</u>.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional required, or credit any overpayment, to Deposit Account Number <u>50-2207</u>.</p>					Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820																			
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115																			

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 38,443

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

Susan T. Evans
Signature

February 15, 2008
Date

Susan T. Evans
Typed or printed name

(650) 838-4300
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.